

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 14 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000050842 (2)

1. Corporation Name

HEALTHCARE WASTE REMOVAL & SERVICES, INC.

Principal Place of Business

4699 NO FEDERAL HWY
LIGHTHOUSE PT FL 33064
US

Mailing Address

4699 NO FEDERAL HWY
LIGHTHOUSE PT FL 33064
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/15/1993

3a. Date of Last Report

03/04/1994

4. FBI Number

65-0424804

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This Corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 2427 N. W. 16th Lane
Suite, Apt. #, etc.

2a. Mailing Address

26 2427 N. W. 16th Lane
Suite, Apt. #, etc.

City & State

23 Pompano Beach, FL

City & State

28 Pompano Beach, FL

Zip

24 33064

Country

25 USA

Zip

29 33064

Country

30 USA

9. Name and Address of Current Registered Agent

SIEGEL, RONALD L ESO
2424 NORTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WINEINGER, JEFFREY A
STREET ADDRESS 3788 N.W. 6TH STREET
CITY - ST - ZIP DEERFIELD BEACH FL 33442

TITLE D
NAME ZIENTARA, CONSTANCE M
STREET ADDRESS 3788 N.W. 6TH STREET
CITY - ST - ZIP DEERFIELD BEACH FL 33442

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND NAME ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey A. Wineinger

4/10/95

305/984-9123